

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Roberts et al.

Application No. 10/644,530

Filing Date: March 24, 2004

For: METHOD FOR INCREASING THE

BIOAVAILABILITY OF GLYCOPYRROLATE

SUBMISSION OF SUPPLEMENTAL APPLICATION DATA SHEET

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Applicants submit herewith a supplemental Application Data Sheet, in which the address of the Assignee has been corrected, and respectfully request that the same be made of record in the above-identified patent application.

Respectfully submitted,

Steven H. Sklar, Registration No. 42,154

LEYDIG, VOIT & MAYER, LTD.

Two Prudential Plaza, Suite 4900

180 North Stetson

Chicago, Illinois 60601-6780

(312) 616-5600 (telephone)

(312) 616-5700 (facsimile)

Date: March 25, 2004



Supplemental Application Data Sheet

APPLICATION INFORMATION

Application Number:: 10/644,530

Filing Date:: August 20, 2003

Application Type:: Regular

Subject Matter:: Utility

Title:: METHOD FOR INCREASING THE

BIOAVAILABILITY OF GLYCOPYRROLATE

Attorney Docket Number:: 220551

Request for Early Publication?:: No

Request for Non-Publication?:: Yes

Suggested Drawing Figure::

Total Drawing Sheets:: 2

Small Entity?:: Yes

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

APPLICANT INFORMATION

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Alan

Middle Name::

Family Name:: Roberts

City of Residence:: Woodstock

State or Prov. of Residence:: GA

Country of Residence:: US

Street of mailing address:: 2009 Westside Lane

City of mailing address:: Woodstock

State or Province of mailing address:: GA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 30189

Inventor Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Bala

Middle Name::

Family Name:: Venkataraman

City of Residence:: Alpharetta

State or Prov. of Residence:: GA

Country of Residence:: US

Street of mailing address:: 405 Gatehouse Court

City of mailing address:: Alpharetta

State or Province of mailing address:: GA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 30004

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 23460

Phone:: (312) 616-5600

Fax:: (312) 616-5700

E-mail Address:: mail@leydig.com

REPRESENTATIVE INFORMATION

Representative Customer Number:: 23460

Representative Designation::

Registration Number::

Representative Name::

DOMESTIC PRIORITY INFORMATION

Application::

Continuity Type::

Parent Application::

Parent Filing Date::

FOREIGN APPLICATION INFORMATION

Country::

Application Number:: Filing Date::

Priority Claimed

ASSIGNEE INFORMATION

Assignee name::

First Horizon Pharmaceutical Corporation

Street of mailing address:: 6195 Shiloh Road

City of mailing address::

<u>Alpharetta</u>

State or Province of

mailing address::

Georgia

Country of mailing

address::

US

Postal or Zip Code of

mailing address::

30005